

Foster Family Home - Corrective Action Report

Provider ID: 1-589393

Home Name: Regina Rader, CNA

Review ID: 1-589393-8

94-291 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/14/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/14/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2) - APS/CAN expired on 12/30/18 and renewed on 1/23/19 for CG#1 and CG#2. For CG#3 APS/CAN expired on 1/3/19 and renewed on 1/31/19. For HHM#3 APS/CAN expired on 7/18/19 and renewed on 12/16/19. Ecrim expired on 12/30/18 and renewed on 1/21/19 for CG#1 and CG#2; for CG#3 ecrim expired on 1/3/19 and renewed on 1/31/19.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation on [REDACTED] for CG#1, CG#2, and CG#3 on Client #2 and no RN delegation performed for CG#3 on [REDACTED] checks.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- 9 smoke alarms/detectors not checked for the past 12 months; no documentation in monthly fire drills; 9/9 smoke alarms were not functioning when tested during home inspection.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- One of the emergency exit doors leading to a wheelchair ramp are obstructed with multiple boxes, chairs, clutters, etc.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No approved door lock for Client #2's bedroom.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(3)- No community resources list seen in home binder.

54.(c)(1)- Client #1's Face/Information Sheet is outdated (admitted on 3/16/18). Medical/Health Insurance listed as [REDACTED] Per CG#1 Client had been approved for [REDACTED]

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

For Client #1- 1 medication does not match MD order, Medication Administration Record, and medication bottle.

For Client #2- 4 medications do not match MD order, Medication Administration Record, and bottles.

Maikel Nakamine, RN
Compliance Manager

Ligin C. Padua
Primary Care Giver

1/14/2020
Date

1/14/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Regina Rader

CCFFH Address: 94-291 Kahuanani St., Waipahu, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---------------|--|----------------|---|
| 8.(a)(1), (2) | CG #1 showed CTA. Compliance Manager the current APS/ CAN and Ecrim during home inspection. Documents were filed in home binder. | 12/30/2020 | All caregivers and everyone in the household who are eighteen years of age and above will schedule an appointment for their criminal history record checks three months before it expires. To keep track, the days to schedule the appointments will be marked on a digital and paper calendar. |
| 43.(c)(3) | RN case manager provided delegation on [REDACTED] for CG#1, CG#2, and CG#3 on Client #2 and for CG#3 on [REDACTED] checks. Signed delegation forms were filed in each client's binder. | 1/22/2020 | RN delegations will be performed with 10 days of adding new caregivers to home. |
| 46.(a) | Smoke alarms have been fixed and are all fully functioning. Monthly fire drills have been conducted and documented. Forms were filed in home binder. | 2/08/2020 | Random selected date(s) have been scheduled for the year on digital and paper calendar(s) of caregiver(s). |
| 49. (a)(4) | CG#1 and caregivers have cleared the emergency exit pathway. All items were removed and discarded. | 2/15/2020 | Home will ensure that emergency exits and ramps will be cleared of obstruction to ensure clients' safety. |

Primary Caregiver's Signature: Regina C. Rader

Print Name: Regina Rader

Date of Signature: 1/16/2020

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Chapter 17-1454

CCFFH Name: Regina Rader

CCFFH Address: 94-291 Kahuanani St., Waipahu, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 53.(b)(9) | New, approved door lock has been placed in Client #2's bedroom. | 1/15/2020 | All caregiver(s) fully understand the importance of treating all client(s) with understanding, respect, and consideration for all client's dignity and individuality. All caregiver(s) will be sure to check client's living spaces to give client(s) the best quality of living. |
| 54.(a)(3) | A list of community resources has been printed. List was filed in home binder. | 1/15/2020 | All caregiver(s) understand the importance of having a list of community resources. All caregiver(s) understand how to contact and utilize such resources. |
| 54.(c)(1) | Client #1's Face/ Information Sheet has been updated. Client's Medical/ Health Insurance is now listed as approved. Insurance was contacted in order to do so. Form was filed in client's binder. | 2/15/2020 | Client(s) Face/Information Sheet will be continued to be updated weekly and with any charges in client(s) Medical/Health Insurance caregiver(s) will be sure to list said changes down. |
| 54.(c)(5) | Client(s) doctors have been called to update both clients medications to match MD Order, Medication Administration Record, and medication bottle(s). | 2/15/2020 | All caregiver(s) will double check with doctor and pharmacy so that all records including the MD Order, Medication Administration Record, and medication bottle(s) are correct. |

Primary Caregiver's Signature: Regina C. Rader

Print Name: Regina Rader

Date of Signature: 2/16/2020